on 18 States which include 8 EAG States, namely Uttar Pradesh, Uttaranchal, Jharkhand, Bihar, Orissa, Rajasthan, Madhya Pradesh and Chhattisgarh, 8 North-eastern States and Himachal Pradesh and Jammu & Kashmir, which have weak public health indicators and/or weak infrastructure. It aims at bridging the gap in rural health services to creation of a cadre of Accredited Social Health Activist (ASHA) and improved hospital care, decentralization programme to improve intra and inter-sectoral convergence and effective utilization of services. It also seeks to build greater ownership of the programme.

The Mission further seeks to build greater ownership of the programme among the community through involvement of Panchayati Raj Institutions, NGOs and other stake holders at National, State, District and Sub-district levels.

The Primary Health Centres (PHCs) are currently provided on the population norm of 1 per 30,000 population in general areas and 1 per 20,000 population in tribal/desert areas.

Under NRHM, the PHCs will be strengthened to provide a package of essential public health programmes and support for outreach services to ensure regular supplies of essential drugs and equipment, round the clock services in all PHCs across the country, upgrading single doctor PHC to 2 doctors PHC (one male and one female) and by posting AYUSH practitioner at PHC level and providing standard treatment protocols and training medical officers and para-medical workers in their use.

(c) and (d) The State Government of Himachal Pradesh has to propose the opening of new Health Centres depending upon the felt needs of people in their Annual Programme Implementation Plan under NRHM.

Legislation for treatment of accident victims

343. SHRI MAHENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 17th Law Commission has recommended for enacting legislation for compulsory treatment of accident victims by all hospitals/medical practitioners;

(b) if so, the reaction of Government on the recommendations; and

(c) by when such a legislation is likely to be put on place?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The 17th Law Commission has submitted its 201st Report on "Medical Treatment after Accident and During Emergency Medical Condition and Women under Labour (Draft Model Law Annexed)" on 31st August, 2006 to the Government. However, at present the above report No. 201 is being treated as a secret document until it is laid before the Parliament. Further, Section 134 (a) of the Motor Vehicles Act, 1988 already provides that it shall be duty of every registered medical practioner or the doctor on duty in the hospital immediately to attend to the injured person and render medical aid or treatment without waiting for any procedural formalities.

Chikungunya in Nagpur

†344. SHRI DATTA MEGHE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases of Chikungunya came into light in Nagpur from June, 2006 to November, 2006;

(b) the number of cases proved fatal out of the said cases; and

(c) the effective steps taken by Government to prevent the disease from becoming epidemic infuture?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) There were 2002 suspected Chikungunya fever cases reproted from Nagpur during the period from June to 18th November, 2006. The National Institute of Virology, Pune confirmed 32 blood samples positive for Chikungunya from Nagpur.

There was no death reproted by the State of Maharashtra in Nagpur during the period directly attributable to Chikungunya.

(c) The Government has taken the following steps to prevent the disease from becoming epidemic in future.

1. Intensive Health Education using print, electronic and inter-

†Original notice of the question was received in Hindi.